

Johnson County Farmers Market
Vendor Application Form

APPLICATION

(Please Print Clearly) Name of Contact Person: _____

Names of Others Involved: _____

Farm/Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Phone Number: _____ Cell Number: _____

E-mail address: _____

Primary Products to be sold: _____

Source of Products: _____

Number of Acres Farmed: _____

Level of Commitment: Seasonal Monthly Weekly Daily Undecided

Comments: _____

Seasonal vendor booths will be determined on a lottery basis once all payments are received, due by April 23rd. These spaces will remain the same for the season. All other vendor booths will be on a first come, first serve basis with the approval of the Market Booth Attendant and/or the board.

By signing below, I certify that:

*The information that I have provided on the **Vendor Application Form** is correct.

*I have read, understand and will adhere to all applicable **Rules and Regulations** as stated in this document. I further understand that should I fail to comply with these specific guidelines, my participation in the Johnson County farmers Market could be terminated.

*I have read, understand and will adhere to all applicable guidelines stated in the **Waiver and Hold Harmless Agreement**.

IN WITNESS WHEREOF, I have hereunto set my hand on this _____ day of _____, 20__.

Signature: _____

Market Management Use Only:

Date received: _____

Approved by: _____

Return to:
Johnson County Farmers Market
212 Roan Creek Rd.
Mountain City, TN 37683

Or, bring this form with you to the market on the first day you want to set up